## UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.		0162/00	0572	
First Named Inventor or A	Application Ide	entifier	Michio SURUGA	
Title	AUDIO N	/IXER		
Express Mail Label N	Vo.			

First for new nonprovisional applications under 37 C.F.R. 1.53(b))			Express Mail Label No.				
To new nonprovisional applications under 3							
APPLICATION	ELEMENTS		ADDRESS TO	Commissioner fo Box Applications Washington, D.C	Ha		
<ol> <li>Filing fee as calculated below</li> <li>Applicant claims small entity See 37 CFR 1.27.</li> <li>Specification         <ul> <li>(preferred arrangement set for</li> <li>Descriptive title of the interpret of the interpr</li></ul></li></ol>	(Total Page (Total Page (Inth below) vention ated Applications d sponsored R & D Appendix tion	7. 8. es [ <b>28</b> ]	Nucleotide and Submission (// a. Computer b. Specification (// ii. Dapaper	puter Program (Append door Amino Acid Sequif applicable, all necessor Readable Form (CRF) Sequence Listing on: OM or CD-R (2 copies of the cop	uence (56)		
- Brief Summary of the inv			ACCOMPAN	YING APPLICA	TION PARTS		
	[Total Page [Total	ges [16]  ges [1]  11.  3(d))  pleted)  14.  nventor(s)  7 CFR  16.  Dox and supply the red  nuation-in-part (CIP)  Group/Art  et disclosure of the pri isclosure of the accounts	GE FOR ASSIGNEE II  37 CFR 3.73(b (when there is English Transla Information Dis Statement (ID) Preliminary Am Return Receipt (Should be sp Certified copy (if foreign prior Other:  quisite information be t Unit: ior application, from a	NFORMATION  D) Statement P  S an assignee) Station Document (if ap, Sclosure CS)/PTO-1449  The Postcard (MPEP 503 Statement Postcard	copies of IDS Citations  (s)  ary amendment, or in an ath or declaration is prated by reference		
therein. The incorporation can only be		. CORRESPONDENC		on the submitted appr			
Customer Number or Bar Code La	bel (Inse	rt Customer No. or A	0	or correspondence a	address below		
NAME			olly Bove Lodge &	& Hutz LLP			
ADDRESS	Suite 800 1990 M Street, I	N.W.					
CITY	Washington	STATE	DC	ZIP CODE	20036-3425		
COUNTRY	U.S.A	TELEPHONE	(202) 331-7111	FAX	(202) 293-6229		

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Fee Calculation and Transmittal

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	(Col 1)		(Col 2)	(Col 3)	SMA	LL ENTITY		NON-	ON-SMALL ENTITY	
	NO. FILED	1 F		NO. EXTRA	RATE	FEE	OR	RATE	FEE	
TOTAL	10	minus	20	= 0	x9=	\$		x18=	\$	
INDEP	1	minus	3	= 0	x40=	\$		x80=	\$	
_	_ First Presentation, Multiple Dependent Claims +135=					\$		+270=	\$	
Base Filing Fee						\$355			\$710	
Other Fee (specify purpose)						\$			\$	
TOTAL FILING	FOTAL FILING FEE* (accounting for possible small entity status)					\$355	OR	TOTAL	\$	

A check in the ar	nount of \$ to cover the filing fee is enclosed
No payment is er	closed at this time. Full payment will be made when the executed Declaration is submitted.
The Director is hoopy of this shee	ereby authorized to charge and credit Deposit Account No. 22-0185 as described below. A duplicate t is enclosed.
Ø	Charge the amount of \$395.00 as filing fee
	Credit any overpayment.
$\square$	Charge any additional filing fees required under 37 CFR § 1.16
	Charge any additional filing fees required under 37 CFR § 1.17
ℴ	If filing fee is not enclosed herewith, the filing feels) required to Deposit Account No. 22-0185

## Assignee Name and address:

Name (Print/Type)	George R. Pettit	Registration No. (Attorne	ey/Agent)	27,369
Signature	Sean Rober		Date	January 9, 2001